

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		2				
11		2				
12		2				
13		2				
14		2				
15	1					
16		1				
17		1				
18		1				
19		1				
20		1				
21		1				
22		1				
23		1				
24	1					
25		1				
26		1				
27		1				
28		1				
29		1				
30		1				
31		1				
32		1				
33	1					
34		1				
35		1				
36		1				
37		1				
38		1				
39		1				
40		1				
41		1				
42		1				
43		1				
44	1					
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.	←		←		←	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51		1						
52		1						
53		1						
54		1						
55	1							
56		1						
57		1						
58		1						
59		1						
60		1						
61		1						
62		1						
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80		1						
81		1						
82		1						
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87		1						
88		1						
89		1						
90		1						
91		1						
92		1						
93		1						
94		1						
95		1						
96		1						
97		1						
98		1						
99		1						
100		1						
TOTAL IND.	←		←		←		←	
TOTAL DEP.	←		←		←		←	
TOTAL CLAIMS								